



PHYSICAL DISTANCING IS REQUIRED

Please stay at least 6 feet apart from others who are not in your household. Whenever possible, greater physical distance is encouraged.

Thank you.

For more information please visit:





WALK-INS NOT PERMITTED

PLEASE CALL _____ TO MAKE AN APPOINTMENT.

Thank you.

For more information please visit:





FACE COVERINGS REQUIRED FOR INDIVIDUALS AGED KINDERGARTEN AND UP.

Thank you.

If you cannot wear a fa	ace covering due to a medical condition,
please contact	for alternative accommodation

For more information please visit:





FACE COVERINGS REQUIRED FOR INDIVIDUALS AGED KINDERGARTEN AND UP.

Thank you.

If you cannot wear a face covering due to a medical condition, please contact _____ for alternative accommodation.

For more information please visit:



PREVENT THE SPREAD



STAY HOME IF YOU'RE SICK



WASH OR SANITIZE HANDS OFTEN.



WEAR A FACE
COVERING OR MASK





STAY AT LEAST 6 FT APART

PROTECT YOURSELF AND OTHERS.

Thank you.

For more information please visit:





WASH YOUR HANDS

PLEASE WASH YOUR HANDS FOR AT LEAST 20 SECONDS. USE WARM WATER AND SOAP. TURN OFF THE FAUCET WITH A PAPER TOWEL IF AVAILABLE.



SE HAND SANITIZER WHEN YOU CANNOT WASH YOUR HANDS.

Thank you. For more information please visit:



FOR HEALTH AND SAFETY OF YOURSELF AND OTHERS

MAXIMUM OCCUPANCY



Thank you.

30% of fire code occupancy is permitted at this facility under Phase 2 of Delaware's Economic Reopening

For more information please visit:



FOR HEALTH AND SAFETY OF YOURSELF AND OTHERS

MAXIMUM OCCUPANCY

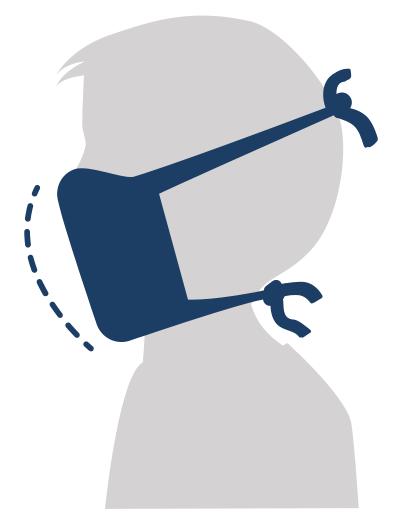


Thank you.

60% of fire code occupancy is permitted at this facility under Phase 2 of Delaware's Economic Reopening

For more information please visit:





PLEASE WEAR YOUR FACE MASK PROPERLY

COVER YOUR NOSE AND MOUTH

WASH ONCE A DAY | RESERVE MEDICAL MASKS FOR HEALTH CARE WORKERS
WEARING A MASK PROTECTS OTHERS

Thank you.

For more information please visit:





DO NOT ENTER

DO NOT ENTER IF YOU HAVE SYMPTOMS OF COVID-19 OR IF YOU HAVE BEEN EXPOSED TO ANYONE WHO HAS TESTED POSITIVE WITH COVID-19 IN THE PAST 14 DAYS.

For more information please visit:





PLEASE PROVIDE YOUR CONTACT INFORMATION

Provide your server or host with your name and email address or phone number to be contacted in the event of a COVID-19 concern arising.

Thank you.

For more information please visit:

de.gov/coronavirus

*Provided contact information is kept for 28 days and may be shared with the Delaware Division of Public Health.





ONLY CUSTOMERS FROM THE SAME HOUSEHOLD MAY SHARE A TABLE.

Thank you.

For more information please visit: